



Bart L. Graham
Commissioner

State of Georgia
Department of Revenue

Denise Samuel
Director

Sales Tax Contracting Unit

1800 Century Boulevard, Suite L-200

Atlanta, Georgia 30345

Phone: (404) 417-4490 Fax: (404) 417-4313

E-mail: STD-sales-tax-contractors@dor.ga.gov

Website: www.dor.ga.gov

Election of Retainage Form

I/we, _____, elected to request _____,

Subcontractor's Legal Business Name

Contractor's Legal Business Name

to withhold 2% up to 4% of all contract payments for the project work located at:

commencing on _____, with a projected end date of _____, as provided by the Official

Code of Georgia 48-8-63. All contract provisions are set forth therein Contract Number: _____.

Furthermore, I understand that the release of my retainage account is dependent on all sales and use tax returns and payments being submitted to the Georgia Department of Revenue.

Authorized Party

Title

Date

Daytime Phone Number

Subcontractor's Mailing Address

Subcontractor's E-mail Address